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| 1912 7590 11/23/dul0 AMSTER. ROTHISTEIN & EBENSTEIN LLP 90 PARK AVENUE NEW YORK, NY 10016 | | | | pages 1. San anatomic pages 1. San de a mongaliment school and unevenge meet the one credition of management of management of the san anatomic pages 1. Sa | | | |
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| APPLICATION NO. FILING DATE | | FIRST NAMED INVENTOR | | ATFORNEY DUCKET NO. | | CONFIRMATION NO. | |
| 10/725,965 12/02/2003 | | | Erik Buntinx | | 29248/18 2844 | | |
| TULE OF INVENTION PARTIAL AGONISTS | E METHOD OF TREA | TING MENTAL DISORI | DERS USING OF D4 AND | 5-HT2A ANTAGONI | STS. INVERSE AGO! | NISTS OR | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUR | PUBLICATION FEE DUE | PREV. PAID ISSUE FIRE | TOTAL PEE/S) DOE | DATE DUE | |
| nouprovisional | YES | \$755 | 5300 | \$0 | \$1655 | 02/23/2011 | |
| HXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | |
| RAMACHANDRAN | . UMAMAHESWARI | 1627 | 514-217000 | | | | |
| CIR 1.1503. Change of correspondence address (or Change of Correspondence Address form PTO/SB122) attached. Tec Address indication for The Address' Indication form PTO/SB123 attached. The Committee indication for mer precent) attached. Use of a Customs Cumber is required. A ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O PLEASE NOTE: Unless an assigner is identified below, no assigner recordation as sea forth in 37 CPR 311. Completion of this form is: | | | (1) the names of up to 3 registered patent attorneys or agents RR. Liketualively. (2) the name of a single firm thisting as a number a registered statement or of agents RR. Liketualively. (3) the name of a single firm thisting as a number a registered statement of agents. If so name is bissed, no name will be printed. (3) (4) BPATENT (print or type) Usias will appear on the patent. If an assigner is identified below, the document has been filled for a substitutie for filing an assignment. | | | | |
| (A) NAME OF ASSI | GNEE | | (B) RESIDENCE: (CITY | and STATE OR COUN | TRY) | | |
| PharmaNeur | oBoost N.V. | | Alken, Balg | gium | | | |
| Please check the approp | riate ausignee eatergory o | r categories (will not be p | rimed on the patent): | ladividual 🚨 Corpora | tion or other private gr | oup entity Government | |
| sla. The following fee(s) are submitted: Issue Fee December December | | | B. Phymeat of Feeds): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed ☐ Payment by credit card, Ferm PTO-2013 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Depoid Account Number 9:3258, feed for an extra copy of this form). | | | | |
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| | is SMALL ENTITY stat | | 1 h. Applicant is no long | | | | |
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| Authorized Signature | /Alan D. M | iller/ | | Date Dece | ember 32, 2010 | | |
| Typed or printed nam | Alan D. Mil | ler | | Registration No. | 42,889 | | |

This reflection of information is required by 37 CFR L311. The information is required to obtain or retain a benefit by the public which is to file tand by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR L34. This collection is estimated to take 12 minutes to complete inclining gathering, recapiting, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case, Ava comments on form out of time by our require to complete discount and/or suggestions, for reducing this studies, should be sent to the Chief Information Officer. 13. Patient and Trademark Office, 13. Spectrometric of Commerce, P.O. Box 1450, Alexandria, Virgina 22.15.1450. DO NOT SUSDIFIED OF COMPRETED FORMS TO THIS ADDRESS, SCND TO: Commissioner for Patients, E.O. Box 1450, Alexandria, Virgina 22.15.1450.